

GRANT OFFICE USE ONLY

Notification to ITS:

Initials:

GRANT AWARD APPROVAL FORM

1. Official Name of Grant Program:

Date of SBE approval of grant criteria 12/14/2000

2001 - 2002 Special Projects Grants Under Centers for Disease Control and Prevention Funding: School Health Programs to Prevent Serious Health Problems and Improve Educational Outcomes.

(years) (title)

☐ Initial ☒ Amendment ☐ Continuation
(type)

Legislation Authorizing this Grant Program: 87-CCU509017-10 42 U.S.C. 243

☒ Federal Grant CFDA Number 93.938

☐ State Grant

☐ Other (Private, Foundation)

2. Type and Purpose of Grant Program: (check one)

For School Health Programs to Prevent Serious Health Problems and Improve Educational Outcomes.

☐ Competitive
☐ Formula

☒ Other

Designated

(specify)

3. SBE Priorities and Policies that this Grant Program Supports: (check all that apply)

Priorities

☒ Integrating Communities and Schools

☐ Elevating Educational Leadership

☐ Embracing the Information Age

☐ Ensuring Early Childhood Literacy

☒ Ensuring Excellent Educators

Policies

☒ Bullying

☒ Character Education

☒ Creating Effective Learning Environments

☒ Family Involvement

☒ Safe Schools

☐ Other

(specify)

4. Grant Categories (if not described in Item 2): ☒ NOT APPLICABLE

5. Target Population to be Served by Grant:

Twenty-six Comprehensive School Health Coordinators/State Level Collaborative Partnerships.

6. Total Funds Awarded:

\$ 123,079 Original Award

\$ 28,874 Amendment Award

\$ 151,953 Total Award

7. Eligible Applicants:

Michigan Department of Community Health.

8. Description of Priorities Given to Any Specific Population or Location: ☒ NOT APPLICABLE

9. Grant Administration:

Office
Office of School Excellence

Unit
School Health Programs
Curriculum Leadership Unit

Contact
Elizabeth C. Haller
Acting Supervisor

Phone
(517) 335-0565

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8228

10. OFFICE	Office Director Approval Signature: <u><i>J. J. Cornell</i></u> Phone: <u>13592</u> Comments: _____	Date: <u>1-7-03</u>
11. BUDGET OFFICE	Budget Office Approval Signature: <u><i>N/A</i></u> Comments: _____	Date: _____
12. GRANTS OFFICE	Grants Office Approval Signature: <u><i>Eric Hawn</i></u> Comments: <u><i>Exhibits B and C not required.</i></u>	Date: <u>1/17/03</u>
13. DEPUTY SUPERINTENDENT	Deputy Superintendent Approval Signature: <u><i>Elaine D. Madaya</i></u> Comments: _____	Date: <u>1-29-03</u>
14. SUPERINTENDENT	Superintendent Approval Signature: <u><i>Tom Gathis</i></u> Comments: _____	Date: <u>1-31-03</u>

INSTRUCTIONS:

- A** Complete items 1-10 on this form. The Grants Administration Unit will facilitate completion of items 11-14.
- B** Attach three (3) sets of Exhibits A, B, and C.
 Exhibit A—List of applicants (alphabetical order) recommended for funding, the amount requested, the amount recommended, and a three to five sentence abstract of the proposal.
 Exhibit B—List of applicants (alphabetical order) not recommended for funding and the amount each requested.
 Exhibit C—Map of Michigan indicating the location of recommended applicants.
- C** Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.
- D** Transmit Grant Award Approval Form (pink), attachments, and letters to the Grant Administration Unit.

Exhibit A

**2001-2002 Special Projects Grants
Under Centers for Disease Control and Prevention Funding:
School Health Programs to Prevent Serious Health Problems and
Improve Educational Outcomes**

<u>Applicant Recommended for Funding</u>	<u>Original Award</u>	<u>Amendment Award</u>	<u>Total Award</u>
Michigan Department of Community Health (MDCH)	\$123,079	\$ 28,874	\$ 151,953